

IMPROVING ACCESS TO COMMUNITY CARE

Legislative Point Paper



PROBLEM:

- Access to community care is essential for veterans, particularly those living in rural areas. An estimated **5 million veterans reside in rural communities**, with approximately 58% of them enrolled in VA healthcare compared to 41% of urban veterans, underscoring the need for accessible healthcare options.
- VA's **community care costs have risen dramatically** since the passage of the MISSION Act, with over \$150 billion spent on community care providers since 2015.
- Community care providers are struggling to meet training requirements and established VA policy when prescribing potentially harmful medications like opioids and benzodiazepines.
- Billing and reimbursement have historically been pain points for community care. **Delays in payment to community providers** discourage partnerships with the VA.

KEY POINTS:

- Rural veterans depend on VA healthcare more than other veterans, and struggle with access to specialty care as well as transportation to routine and specialty care.
- The VA's community care costs have risen dramatically since the passage of the Mission Act.
- Community care providers are struggling to meet training requirements and established VA policy when prescribing potentially harmful medications like opioids and benzodiazepines.

WHAT CONGRESS CAN DO:

1. Hold the Office of Community Care accountable for the continuity of veteran care by increasing oversight to ensure training requirements are met and guidelines for prescribing potentially dangerous drugs followed appropriately.
2. Improve communication and transparency between VA providers, CCN providers, and veterans.
3. Pass S. 275/ HR. 740, the ACCESS Act, co-led by Senator Moran and Representative Bost.

58%

OF VA-ENROLLED
VETERANS WHO
LIVE IN RURAL
COMMUNITIES

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